



MERRIMACK FIRE DEPARTMENT
BUILDING DIVISION

GAS PIPING/ MECHANICAL PERMIT

RESIDENTIAL

BLDG - FRM - 003

Tax Map Parcel _____
Permit Fee: _____
Total \$ _____
<input type="checkbox"/> Paid with Permit
<input type="checkbox"/> Cash
<input type="checkbox"/> Check # _____
<u>Official Use Only</u>

Location: _____
Property Owner _____ Phone # _____

Description of Work: _____
<input type="checkbox"/> See attached Documents/ Plans _____

- | | | |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Propane | <input type="checkbox"/> Meter |
| <input type="checkbox"/> Iron Pipe | <input type="checkbox"/> CSST (Trax) | <input type="checkbox"/> Regulator / Vent |
| <input type="checkbox"/> Other | | |

Specific Appliance (Check All that apply)

- | | | | |
|---|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Generator | <input type="checkbox"/> Water Heater | <input type="checkbox"/> Gas Stove | <input type="checkbox"/> 1/2 " Sheetrock – 3ft around |
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Range | <input type="checkbox"/> Dryer | <input type="checkbox"/> Sprinkler Head |
| <input type="checkbox"/> Furnace | Rating _____ | Make _____ | Model # _____ |
| <input type="checkbox"/> Fireplace Insert | <input type="checkbox"/> Gas Logs | <input type="checkbox"/> Power Vent | |
| <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Geo- Thermal | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Replacement of Existing Unit - Type _____ Make _____ Model # _____ | | | |
| <input type="checkbox"/> Conversion: From _____ To _____ | | | |

Required Protection

Installer: _____
Address: _____
City _____ ST _____ Zip _____

NH Gas Fitters License # _____
Contact Phone #: _____
Signature _____
* Proof of current license required, provide a copy

Inspection of Gas Piping Required after All Piping is in Place. Air Tested to 3 – 5 PSI

**** **24 HOUR NOTICE IS REQUIRED FOR INSPECTION** ****

(603)-420-1730

- ☐ I Certify that I have authorization from the property owner listed above, and will be installing all the work according to the state of NH adopted building codes.

- ☐ I Certify that I am the owner of the property listed above, and will be installing all the work according to the state of NH adopted building codes.

Signature of Applicant

Signature of Owner

APPROVED BY: _____
Authorized Signature _____ Date _____

IT IS YOUR RESPONSIBILITY

CALL DIG SAFE (888) 344-7233 IT'S THE LAW